

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission (See instructions on back)
(SAMPLE)

① ORI: _____ ② Type of Application: (check one) ☐ Employment ☐ License, Certification, Permit ☐ Volunteer
③ Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

④ _____ ⑤ _____
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

Street No. Street or PO Box Contact Name (Mandatory for all school submissions)
⑥ () _____
City State Zip Code Contact Telephone No.

⑦ Name of Applicant: _____
Last First MI
⑧ AKA's: _____ ① ⑦ CDL No.
Last First
⑨ DOB _____ ⑩ SEX: ☐ Male ☐ Female Misc No. BIL - _____
① ① HT: _____ ① ② WT: _____ Misc No. _____
① ③ EYE Color: _____ ① ④ HAIR Color: _____ Home Address: (Applies only if Youth Org/HRA or Public Utility submission)
① ⑤ POB: _____
Street or PO Box
① ⑥ SOC: _____
City, State and Zip Code

Your Number: _____
OCA No. (Agency Identifying No.)

① ⑧ Level of Service ☐ DOJ ☐ FBI
If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name

Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)

City State Zip Code Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date: _____

Name of Operator

Transmitting Agency

ATI No.

Amount Collected/Billed

